

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-039401

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 388

Primary Registration District No. 308P

Registrar's No. 212

FILED OCT 30 1962

a. COUNTY

Linn

b. CITY (If outside corporate limits, give TOWNSHIP only)

Marceline

Length of stay in 1b

1 month

c. FULL NAME OF (If NOT in hospital, give location)

St. Francis Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Linn

admission)

c. CITY OR TOWN

Brookfield

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

811 1/2 Brookfield Ave.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

MARIE KATHRYN PAYNE

4. DATE OF DEATH

October 27, 1962

5. SEX

Female

6. COLOR OR RACE

white

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH

10/10/1895

9. AGE (last birthday)

67

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Proprietor

10b. KIND OF BUSINESS OR INDUSTRY

hotel

11. BIRTHPLACE (City and state or country)

Brookfield, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

John Bryant

13b. MOTHER'S MAIDEN NAME

Mary Ellen Doyle

14. NAME OF HUSBAND OR WIFE

George S. Payne (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

Dorothy Sims, Brookfield, Missouri

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Multiple Cerebral Vascular Accidents

INTERVAL BETWEEN ONSET AND DEATH

old and recent

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Generalized Arteriosclerosis

indefinite

DUE TO (c)

Ischemic CNS Lesions

indefinite

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from April '62 to October '62 and last saw her alive on Oct 26, 1962. Death occurred at 3:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Sharon A. Horner, M.D.

22b. ADDRESS

Marceline, Mo.

22c. DATE SIGNED

10/28/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Oct. 29, 1962

23c. NAME OF CEMETERY OR CREMATORY

St. Michael's Cemetery

23d. LOCATION (City, town, or county)

Brookfield, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Hill Funeral Home, Brookfield, Mo.

25. DATE RECD. BY LOCAL REG.

10-28-62

26. REGISTRAR'S SIGNATURE

Archie Watson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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NOV 15 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4822

P. O. Address Chillicothe Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.